



# Virginia Human Rights Council

900 E. Main Street • Pocahontas Building • 4<sup>th</sup> Floor • Richmond, VA 23219 • (804) 225-2292

## **Complaint Questionnaire**

*The information requested on this form will help us to help you. The information submitted will determine whether the Council investigates your complaint. Filing with this office does not preclude you from filing with other Federal or State Agencies. **Please be specific in your responses and indicate the month, day, and year of the alleged discriminatory actions.***

Complainant's Date of Birth: \_\_\_\_\_  
*Month Day Year*

Name \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_  
*Street Apartment Number*

City/County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number ( ) \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

Contact telephone numbers: [ ] Work \_\_\_\_\_ [ ] Home \_\_\_\_\_

Time to be contacted: \_\_\_\_\_ Days (circle): Mon. Tues. Wed. Thurs. Fri.

Person to contact if you cannot be reached: \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

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I WISH TO COMPLAIN AGAINST:

Check all that apply: [ ] Employer [ ] Realtor/Rentor  
[ ] Organization [ ] Place of Public Accommodation  
[ ] Educational Institution

**If Employer, how many employees does the company employ?** \_\_\_\_\_

Name of Company and Address: \_\_\_\_\_

Name and Title of Principal Officer (*President, Owner, Manager, etc.*)

\_\_\_\_\_  
*Name Title*

Telephone Number ( ) \_\_\_\_\_

1. You believe that the action taken against you is based on your (*Check all that apply*)

[ ] Race	[ ] National Origin	[ ] Disability
[ ] Color	[ ] Sex	[ ] Pregnancy
[ ] Religion	[ ] Age	[ ] Childbirth or Medical Conditions Related to Pregnancy



7. Did you file a complaint with any other state and/or federal agency? ☐ Yes ☐ No

If so, which agency and the date of filing \_\_\_\_\_  
\_\_\_\_\_

8. If you have an attorney, please give name, address, and telephone number:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_

9. Personal Data

Please check appropriate boxes and fill appropriate space:

A. Sex    ☐ Female                      ☐ Male

B. Ethnic Group: ☐ White/Caucasian                      ☐ African American/Black

☐ Hispanic American                      ☐ Asian American

☐ Native American                      ☐ Other (specify) \_\_\_\_\_

C. Age (current) \_\_\_\_\_

D. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E. E-mail Address \_\_\_\_\_

I understand that by returning this completed questionnaire to your office, I have filed an official complaint with the Council on Human Rights. However, this does not mean that the complaint will be accepted for investigation. If accepted for investigation, The Council will notify the person or organization that I have named in my complaint. I declare under penalty of perjury that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*